

Atty Docket No. 20375-022000

PTO FAX NO.: 703-305-7687

ATTENTION: Examiner Alain L. Bashore
TELEPHONE NO.: 703-308-1884

Group Art Unit 3624

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FOR THE PERSONAL ATTENTION OF
EXAMINER Alain L. Bashore**

CERTIFICATION OF FACSIMILE TRANSMISSION

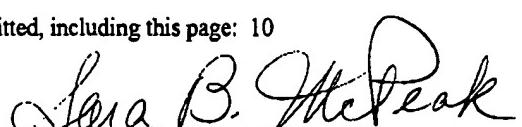
I hereby certify that the following documents in re Application of Lynn Holm-Blagg, et al., Application No. 09/298,417, filed April 23, 1999 for METHODS FOR PROCESSING A GROUP OF ACCOUNTS CORRESPONDING TO DIFFERENT PRODUCTS is being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Document(s) Attached

1. Transmittal Form (1 page in triplicate)
2. Fee Transmittal (1 page in triplicate)
3. Notice of Appeal from the Examiner to the Board of Patent Appeals and Interferences (1 page in triplicate)

Number of pages being transmitted, including this page: 10

Dated: June 27, 2003



Sara B. McPeak

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DE 7108794 v1

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GROUP 3600

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	1	Attorney Docket Number	20375-022000
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Application Number	09/298,417
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Filing Date	April 23, 1999
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First Named Inventor	Lynn Holm Blagg et al.
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Art Unit	3824
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Examiner Name	Alain L. Bashore
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ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to Group (Notice of Appeal) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="margin-left: 20px;">Return Postcard</div>
<div style="float: right; margin-right: 10px;">Remarks</div> <div style="border: 1px solid black; padding: 2px; width: 150px; height: 30px;"></div>		<div style="border: 1px solid black; padding: 2px; width: 150px; height: 30px; background-color: #f0f0f0;"></div> <p>The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.</p>

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Townsend and Townsend and Crew LLP Douglas M. Hamilton	
Signature	 	
Date	Reg. No. 47,629	
Date	June 27, 2003	

CERTIFICATE OF TRANSMISSION/MAILING

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Signature	 		
	Date	June 27, 2003	

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 320)

Complete if Known	
Application Number	08/298,417
Filing Date	April 23, 1999
First Named Inventor	Lynn Holm Blagg et al.
Examiner Name	Alain L. Bashore
Group Art Unit	3624
Attorney Docket No.	20375-022000

METHOD OF PAYMENT (check all that apply)			
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other <input type="checkbox"/> None
<input checked="" type="checkbox"/> Deposit Account:			
20-1430			
Deposit Account Name: Townsend and Townsend and Crew LLP			
The Commissioner is authorized to: (check all that apply)			
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments			
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<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			
FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity	Small Entity		
Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1001 750	2001 375	Utility filing fee	
1002 330	2002 165	Design filing fee	
1003 520	2003 260	Plant filing fee	
1004 750	2004 375	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1)		(\$)	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Total Claims	Extra Claims	Fees from below	Fee Paid
<input type="checkbox"/>	---	<input type="checkbox"/>	
Independent Claims	<input type="checkbox"/>	<input type="checkbox"/>	
Multiple Dependent		<input type="checkbox"/>	
Large Entity	Small Entity		
Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1202 18	2202 9	Claims in excess of 20	
1201 84	2201 42	Independent claims in excess of 3	
1203 280	2203 140	Multiple dependent claim, if not paid	
1204 84	2204 42	" Reissue independent claims over original patent	
1205 18	2205 9	" Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)		(\$)	
* or number previously paid, if greater. For Reissues, see above			
*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$320)			

SUBMITTED BY					
Complete if applicable					
Name (Print/Type)	Douglas M. Hamilton	Registration No. (Attorney/Agent)	47,629	Telephone	303-571-4000
Signature					
Date	June 27, 2003				

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H24
9/18/03
2

PTO/SB/51 (02-01)
Approved for use through 10/31/2002. OMB 0551-0097
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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES

Docket Number (Optional)
20375-022000

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on June 27, 2003

Signature _____

Typed or printed name Sara B. McPeak

In re Application of

Lynn Holm Blagg et al.

Application Number

09/298,417

Filed

April 23, 1999

For

METHODS FOR PROCESSING A GROUP OF ACCOUNTS
CORRESPONDING TO DIFFERENT PRODUCTS

Group Art Unit

3824

Examiner

Alain L. Bashore

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.

The fee for this Notice of Appeal is (37 CFR 1.17(b))

\$320.

- Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$.
- A check in the amount of the fee is enclosed.
- Payment by credit card. Form PTO-2038 is attached.
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- The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 20-1430. I have enclosed a duplicate copy of this sheet.
- A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.

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I am the

- applicant/inventor.
- assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed.

- attorney or agent of record.

- attorney or agent acting under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a), _____



Signature

Douglas M. Hamilton, Reg. No. 47,629

Typed or printed name

June 27, 2003

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

- *Total of one forms are submitted.

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